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Date: April 2, 2001

Docket No.: 004600/USA/TCG/ORION/LE

BOX PATENT APPLICATION

Assistant Commissioner for Patents
Washington, DC 20231

Sir:

As authorized by the inventor(s), transmitted herewith for filing is a patent application applied for on behalf of the inventor(s) according to the provisions of 37 C.F.R. § 1.41(c).

Inventor(s): LEDOUX, Robert Joseph; BOISSEAU, Raymond Paul;
NETT, William Philip

For: METHOD AND SYSTEM FOR CONTROLLING BEAM SCANNING IN
AN ION IMPLANTATION DEVICE

Enclosed are:

- ☒ A specification consisting of Twenty-Four (24) pages
- ☒ Four (4) sheet(s) of formal drawings
- ☒ Applicant does not claim priority
- ☐ Applicant claims the right of priority based on Appl. No(s).
filed in on
☐ Certified copy(ies) is(are) attached hereto.
☐ Certified copy(ies) will follow.
- ☒ Executed Declaration in accordance with 37 C.F.R. § 1.64
will follow (Unexecuted Declaration enclosed herewith)

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004600/USA/TCG/ORION/LE

13803 U.S. PTO
04/02/01

31036 U.S. PTO
09/822864
04/02/01

- ☐ Applicant claims small entity status under 37 C.F.R. § 1.27
☐ Preliminary Amendment
☐ Application Data Sheet in accordance with 37 C.F.R. § 1.76
☐ Information Disclosure Statement, PTO-1449 and reference(s)
☒ Other: Information Sheet
☐ Applicant requests early publication - \$300.00 publication fee
☐ Non-publication Request and Certification under 35 U.S.C. § 122(b)(2)(B)(i)

The filing fee has been calculated as shown below:

			LARGE ENTITY	SMALL ENTITY
BASIC FEE			\$710.00	\$355.00
	NUMBER FILED	NUMBER EXTRA	RATE FEE	RATE FEE
TOTAL CLAIMS	9-20=	0	x 18 = \$0.00	x 9= \$0.00
INDEPENDENT CLAIMS	5-3=	2	x 80 = \$160.00	x40= \$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED			+ \$270.00	+ \$135.00
TOTAL				\$0.00

- ☒ The application transmitted herewith is filed in accordance with 37 C.F.R. § 1.41(c). The undersigned has been authorized by the inventor(s) to file the present application. The original duly executed declaration together with the surcharge will be forwarded in due course.
☒ There are no fees enclosed
☐ Please charge Deposit Account No. 02-2448 in the amount of \$0.00. A triplicate copy of this transmittal form is enclosed.

